

BREMEN PARKS & RECREATION DEPARTMENT
Event Questionnaire

Today's Date: _____

Please answer the following for your event:

1. Name or Sponsoring Organization: _____

Address: _____

2. Name of person in Charge: _____ Phone # _____

3. Goal of event: _____

4. Targeted age group for participation of your event: _____

5. Time of event (Includes setup and removal) _____

6. Location of event: _____ Date of Event: _____

Day of Week: _____

7. Needs from the Bremen Parks & Recreation Department (equipment, lights, etc.):

8. Activities Schedule: Example: (Time) 9:00am - 10:00 am (Description) Live Band

Time

Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Give Explanation of the Event (if not self explanatory) _____

10. Estimated Total in Attendance: _____

11.	Will you charge a fee or admission? _____	Will an offering be taken? _____
	Will donations be solicited before the activity, at the activity, or after the activity? _____	

For Bremen Parks & Recreation Department Use: Approved

Not Approved

Comments:

NOTE: This questionnaire must be fully completed and returned to the below address before your event will be considered: Bremen Parks & Recreation - Reservations, 417 River Circle, Bremen, Ga. 30110. Or Faxed to: (770) 537-6172. Any questions please call (770) 537-4222

Bremen Parks & Recreation Authorization

THIS QUESTIONNAIRE IS NOT A RENTAL AGREEMENT